

CONTRACT #3
RFS # 345.71-711

**Department of Human
Services**

VENDOR:
**Versa Management Systems,
Inc.**



RECEIVED

JUL 12 2007

FISCAL REVIEW

**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37248

Telephone: 615-313-4700 FAX: 615-741-4165
TTY: 1-800-270-1349
www.state.tn.us/humanserv/

PHIL BREDESEN
Governor

VIRGINIA T. LODGE
Commissioner

July 12, 2007

Mr. James W. White, Executive Director
General Assembly of the State of Tennessee
Fiscal Review Committee
320 Sixth Avenue North
Rachel Jackson Building – 8th Floor
Nashville, TN 37243-0057

RE: RFS 345.71-711 (FA 04-15746)

Dear Director White:

Since 1996, the Tennessee Disability Determination Services (TDDS) has entered into an annual maintenance contract with Versa Management Systems to provide major systems upgrades, modify ongoing day-to-day software support, effect system enhancements, and achieve other changes mandated by the Social Security Administration (SSA) for DDS programs. Costs incurred under this contract are funded in their entirety by the Social Security Administration.

Versa Management Systems, Inc. is the sole proprietor of software currently used to operate the SSA/TDDS AS/400 computer and IWA/LAN system. Versa has contracts with Tennessee and seventeen other states to provide ongoing day-to-day software support, systems enhancements, and other SSA mandated modifications. Through its maintenance contract, the TDDS can purchase new application packages and enhancements in a shared cost arrangement with these other states, resulting in significant cost savings. Versa provides more functionality than is provided by other SSA approved software providers.

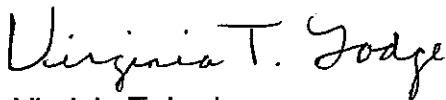
Each year, prior to extending the contract term through amendment, TDDS' system personnel make an inquiry with Versa management in order to determine if there will be any hourly rate changes or program analysis cost changes applicable to the upcoming contract year. Rate changes are approved if they fall within the national standards for

Mr. James W. White, Executive Director
Page 2
July 12, 2007

the work requested, and the Social Security Administration agrees to fund the changes. This year, the rates have not increased.

Termination of Versa as the service provider in favor of another service provider would not only be cost prohibitive, but it would also have a catastrophic effect on TDDS' efforts to provide timely disability decisions to customers, due to significant periods of downtime precipitated by changing systems. In light of this, and given the unique nature of the current Versa Case Expert software for TDDS system operation, as well as Versa's knowledge and experience, and the cost sharing opportunity through SSA, I respectfully request that the current maintenance contract be extended through September 30, 2008. Thank you for your consideration of this non-competitive contract amendment request.

Sincerely,



Virginia T. Lodge
Commissioner

VTL:kl₆cr

Attachments

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.

1) RFS #	345.71-711	
2) State Agency Name :	Department of Human Services	
EXISTING CONTRACT INFORMATION		
3) Service Caption :	Computer Maintenance and Software Services for the Department of Human Services Disability Determination Section (DDS) /Social Security Administration (SSA) System	
4) Contractor :	Versa Management Systems, Inc.	
5) Contract #	FA 04-15746	
6) Contract Start Date :	10/01/03	
7) <u>Current</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :	9/30/08	
8) <u>Current</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :	\$800,000.00	
PROPOSED AMENDMENT INFORMATION		
9) <u>Proposed</u> Amendment #	04	
10) <u>Proposed</u> Amendment Effective Date : (attached explanation required if date is < 60 days after F&A receipt)	10/01/07	
11) <u>Proposed</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :	9/30/08	
12) <u>Proposed</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :	\$800,000.00	
13) Approval Criteria : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service	
14) Description of the Proposed Amendment Effects & Any Additional Service :		
Extension of the contract term, updating rates, and addition funds applicable to annual maintenance and major software upgrades to the Versa Disability Determination System (VDDS)		
15) Explanation of Need for the Proposed Amendment :		

The amendment is needed to provide the Tennessee Disability Determination Services ongoing day to day software support, systems enhancements and other required changes mandated by the Social Security Administration for DDS programs. Without this support, the agency would not be able to function. To use another source would not be cost effective and would result in significant downtime precipitated by changing systems. This would also result in long delays in decisions for the applicants for Social Security Disability Benefits. The amendment is 100% federally funded by the Social Security Administration.

16) Name & Address of Contractor's Current Principal Owner(s) :
(not required if proposed contractor is a state education institution)

Versa Systems, Inc. 110 North Kenilworth Avenue #7-A Oak Park, Illinois 60301-1218

17) Documentation of Office for Information Resources Endorsement :
(required only if the subject service involves information technology)

select one:

☐

Documentation Not Applicable to this Request

X

Documentation Attached to this Request

18) Documentation of Department of Personnel Endorsement :
(required only if the subject service involves training for state employees)

select one:

X

Documentation Not Applicable to this Request

☐

Documentation Attached to this Request

19) Documentation of State Architect Endorsement :
(required only if the subject service involves construction or real property related services)

select one:

X

Documentation Not Applicable to this Request

☐

Documentation Attached to this Request

20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :

Given the information presented below in item #21, DHS feels that it is in the best interest of the State to continue doing business with Versa Management Systems, Inc. rather than seeking an alternate vendor.

21) Justification for the Proposed Non-Competitive Amendment :

Versa Management Systems, Inc. is the sole proprietor of the software currently used to operate the SSA/TDDS AS/400 computer and IWA/LAN system utilized by DHS, and they provide more functionality than is provided by other SSA approved software providers. Since 1996, Tennessee has entered into an annual maintenance contract with this company to provide major systems upgrades, modify ongoing day-to-day software support, effect system enhancements, and achieve other changes mandated by the Social Security Administration for DDS programs. Seventeen states in addition to Tennessee contract with Versa for the same type of services and support, and this results in a shared cost arrangement that yields significant cost savings for the State.

Termination of the services of Versa in favor of another service provider would not only be cost prohibitive, but it would also have a catastrophic effect on TDDS' efforts to provide timely disability decisions to customers, due to significant periods of downtime that would result from a change in systems.

Costs incurred under this contract are funded in their entirety by the Social Security Administration.

REQUESTING AGENCY HEAD SIGNATURE & DATE :

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR— signature by an authorized signatory will be accepted only in documented exigent circumstances)

Agency Head Signature

Date

7-2-07



FAX TRANSMITTAL

to Request OIR Procurement Endorsement

TO : Jane Chittenden, Director
OIR Procurement & Contract Management FAX # 741-6164

FROM : Kelly Long, Contract Coordinator FAX # 615-253-1779

DATE : May 16, 2007

RFS # 345.71-711

RE : Procurement Endorsement --- Annual maintenance and major software upgrades to the Versa Disability System (VDDS)

NUMBER OF FAX PAGES (including cover) : 37

The nature and scope of service detailed in the attached service procurement document(s) appears to require Office for Information Resources (OIR) review and support, because the procurement involves information technology or information systems services.

This communication seeks to ensure that OIR is aware of the procurement and has an opportunity to review the matter. Please determine whether OIR is supportive of the procurement. If you have any questions or concerns about this matter, please call Kelly Long at (615) 743-7843.

Please indicate below your response to this proposed procurement, and return this communication at your earliest convenience (note the return FAX number above).

Thank you for your help.

Attachment(s)

OIR Endorsement :

Bill Ezell (gc)

OIR Chief Information Officer

5/22/07

Date

CONTRACT SUMMARY SHEET

060706

RFS #	Contract #
345.71-711	FA 04-15746-04
State Agency	State Agency Division
DEPARTMENT OF HUMAN SERVICES	DISABILITY DETERMINATION
Contractor Name	Contractor ID # (FEIN or SSN)
VERSA MANAGEMENT SYSTEMS, INC.	<input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- V362989060-02

Service Description			
TECHNICAL ASSISTANCE			
Contract Begin Date	Contract End Date	SUBRECIPIENT or VENDOR?	CFDA #
October 01, 2003	September 30, 2008	VENDOR	96.001

Mark Each TRUE Statement					
<input checked="" type="checkbox"/> Contractor is on STARS			<input checked="" type="checkbox"/> Contractor's Form W-9 is on file in Accounts		
Allotment Code	Cost Center	Object Code	Fund	Funding Grant Code	Funding Subgrant Code
345.71	909	082	11	394	N/A
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2004	\$0.00	\$120,000.00	\$0.00	\$0.00	\$120,000.00
2005	\$0.00	\$160,000.00	\$0.00	\$0.00	\$160,000.00
2006	\$0.00	\$160,000.00	\$0.00	\$0.00	\$160,000.00
2007	\$0.00	\$160,000.00	\$0.00	\$0.00	\$160,000.00
2008	\$0.00	\$160,000.00	\$0.00	\$0.00	\$160,000.00
2009	\$0.00	\$40,000.00	\$0.00	\$0.00	\$40,000.00
TOTAL:	\$0.00	\$800,000.00	\$0.00	\$0.00	\$800,000.00

— COMPLETE FOR AMENDMENTS ONLY —			State Agency Fiscal Contact & Telephone #
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	Tom Osborne 400 Deaderick Street, Citizens Plaza Building - 5th Floor, Nashville, TN 37248 (615) 313-5367
2004	\$120,000.00	\$0.00	State Agency Budget Officer Approval Jeffrey W. Roberts July 12, 2007
2005	\$160,000.00	\$0.00	
2006	\$160,000.00	\$0.00	
2007	\$160,000.00	\$0.00	
2008	\$40,000.00	\$120,000.00	
2009		\$40,000.00	Funding Certification (certification required by T.C.A., § 9-4-513, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)
TOTAL:	\$640,000.00	\$160,000.00	
End Date:	9/30/2007	12/31/2007	

Contractor Ownership (complete only for base contracts with contract # prefix FA or GR)			
<input type="checkbox"/> African American	<input type="checkbox"/> Person w/ Disability	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Business
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input type="checkbox"/> NOT minority/disadvantaged
<input type="checkbox"/> OTHER minority/disadvantaged—			
Contractor Selection Method (complete for ALL base contracts— N/A to amendments or delegated authorities)			
<input type="checkbox"/> RFP	<input type="checkbox"/> Competitive Negotiation	<input type="checkbox"/> Alternative Competitive Method	
<input type="checkbox"/> Non-Competitive Negotiation	<input type="checkbox"/> Negotiation w/ Government (e.g., ID, GG, GU)	<input type="checkbox"/> Other—	
Procurement Process Summary (complete for selection by Alternative Method, Competitive Negotiation, Non-Competitive Negotiation, OR Other)			

DRAFT

DRAFT

amend 070506

**AMENDMENT # 04
TO CONTRACT FA 04-15746**

This Contract, by and between the State of Tennessee, Department of Human Services, hereinafter referred to as the State, and VERSA MANAGEMENT SYSTEMS, INC., hereinafter referred to as the Contractor, is hereby amended as follows:

1. Delete Section B.1. in its entirety and insert the following in its place:

B.1. Contract Term. This Contract shall be effective for the period commencing on October 1, 2003 and ending on September 30, 2008. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.

2. Delete Section C.1. in its entirety and insert the following in its place:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Contract exceed Eight Hundred Thousand Dollars and No Cents (\$800,000.00) for the period October 1, 2003 – September 30, 2008.

For the period:	In no event shall the maximum liability of the State under this Contract exceed:	
10/1/03-9/30/04	One Hundred Sixty Thousand Dollars and No Cents	\$160,000.00
10/1/04-9/30/05	One Hundred Sixty Thousand Dollars and No Cents	\$160,000.00
10/1/05-9/30/06	One Hundred Sixty Thousand Dollars and No Cents	\$160,000.00
10/1/06-9/30/07	One Hundred Sixty Thousand Dollars and No Cents	\$160,000.00
10/1/07-9/30/08	One Hundred Sixty Thousand Dollars and No Cents	\$160,000.00

The Service Rates in Section C.3. shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The Service Rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. In which case, the Contractor shall be paid in accordance with the Service Rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

3. Delete Section C.3. in its entirety and insert the following in its place:

C.3. Payment Methodology. The Contractor shall be compensated based on the Service Rates herein for units of service authorized by the State in a total amount not to exceed the Contract Maximum Liability established in Section C.1. The Contractor's compensation shall be contingent upon the satisfactory completion of units of service or project milestones defined in Section A. The Contractor shall be compensated based upon the following Service Rates for the Period October 1, 2003 through September 30, 2004:

SERVICE UNIT/MILESTONE

AMOUNT

Programming Services

\$120.00/per hour

Technical Analysis

\$130.00/per hour

The Contractor shall be compensated based on upon the following Service Rates for the Period October 1, 2004 through September 30, 2005:

SERVICE UNIT/MILESTONE

AMOUNT

Programming Services

\$125.00/per hour

Technical Analysis

\$137.50/per hour

The Contractor shall be compensated based on upon the following Service Rates for the Period October 1, 2005 through September 30, 2006:

SERVICE UNIT/MILESTONE

AMOUNT

Programming Services

\$125.00/per hour

Technical Analysis

\$135.00/per hour

The Contractor shall be compensated based on upon the following Service Rates for the Period October 1, 2006 through September 30, 2008:

SERVICE UNIT/MILESTONE

AMOUNT

Programming Services

\$130.00/per hour

Technical Analysis

\$140.00/per hour

The Contractor shall submit monthly invoices, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Such invoices shall be submitted for completed units of service or project milestones for the amount stipulated.

The other terms and conditions of this CONTRACT not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF:

VERSA MANAGEMENT SYSTEMS, INC.:

BRENDA RIDDELL, VICE PRESIDENT

DATE

DEPARTMENT OF HUMAN SERVICES:

VIRGINIA T. LODGE, COMMISSIONER

DATE

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. GOETZ, JR., COMMISSIONER

DATE

COMPTROLLER OF THE TREASURY:

JOHN G. MORGAN, COMPTROLLER OF THE TREASURY

DATE



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North - 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman

Representatives

Harry Brooks	Mary Pruitt
Curt Cobb	Donna Rowland
Dennis Ferguson	David Shepard
Frank Niceley	Curry Todd
Craig Fitzhugh, <i>ex officio</i>	
Speaker Jimmy Naifeh, <i>ex officio</i>	

Sen. Don McLeary, Vice-Chairman

Senators

Mae Beavers	David Fowler
Jim Bryson	Steve Southerland
Steve Cohen	
Douglas Henry, <i>ex officio</i>	
Lt. Governor John S. Wilder, <i>ex officio</i>	

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman *CC*
Don McLeary, Vice-Chairman *DM*

DATE: August 10, 2006

SUBJECT: Contract Comments
(Contract Services Subcommittee Meeting 8/9/06)

RFS# 345.71-711

Department: Human Services

Division: Disability Determination

Contractor: Versa Management Systems, Inc.

Summary: This vendor currently provides computer maintenance, upgrades and software services for the Disability Determination Services (DDS) computer system mandated by the Social Security Administration (SSA) for DDS programs. This amendment extends the current contract for one additional year, with the option to extend for one more year. The maximum liability increases by \$160,000.

Maximum liability: \$480,000

Maximum liability with amendment: \$640,000

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: The Honorable Virginia Lodge, Commissioner, Human Services
Mr. Robert Barlow, Director, Office of Contracts Review

CONTRACT SUMMARY SHEET

060706

RFS #	Contract #
345.71-711	FA 04-15746-03
State/Agency	State/Agency/Division
DEPARTMENT OF HUMAN SERVICES	DISABILITY DETERMINATION
Contractor Name	Contractor ID # (FEIN or SSN)
VERSA MANAGEMENT SYSTEMS, INC.	<input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- V362989060-02

Service Description			
TECHNICAL ASSISTANCE			
Contract Begin Date	Contract End Date	SUBRECIPIENT or VENDOR?	CFDA #
October 01, 2003	September 30, 2007	VENDOR	96.001

Mark Each TRUE Statement					
<input checked="" type="checkbox"/> Contractor is on STARS			<input checked="" type="checkbox"/> Contractor's Form W-9 is on file in Accounts		
Allotment Code	Cost Center	Object Code	Fund	Funding Grant Code	Funding Subgrant Code
345.71	909	082	11	393	N/A
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2004	\$0.00	\$120,000.00	\$0.00	\$0.00	\$120,000.00
2005	\$0.00	\$160,000.00	\$0.00	\$0.00	\$160,000.00
2006	\$0.00	\$160,000.00	\$0.00	\$0.00	\$160,000.00
2007	\$0.00	\$160,000.00	\$0.00	\$0.00	\$160,000.00
2008	\$0.00	\$40,000.00	\$0.00	\$0.00	\$40,000.00
TOTAL:	\$0.00	\$640,000.00	\$0.00	\$0.00	\$640,000.00

COMPLETE FOR AMENDMENTS ONLY			State Agency/Fiscal Contact & Telephone #	
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	Tom Osborne 400 Deaderick Street, Citizens Plaza Building - 5th Floor, Nashville, TN 37248 (615) 313-5367 State Agency Budget Officer Approval Jeffrey W. Roberts August 30, 2006 Funding Certification (certification required by 41 C.F.R. § 101-11.6, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)	
2004	\$120,000.00	\$0.00		
2005	\$160,000.00	\$0.00		
2006	\$160,000.00	\$0.00		
2007	\$40,000.00	\$120,000.00		
2008		\$40,000.00		
TOTAL:	\$480,000.00	\$160,000.00		
End Date:	9/30/2006	9/30/2007		

Contractor Ownership (complete only for base contracts with contract prefix FA or GR)				
<input type="checkbox"/> African American	<input type="checkbox"/> Person w/ Disability	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Small Business	<input checked="" type="checkbox"/> NOT minority/disadvantaged
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input type="checkbox"/> OTHER minority/disadvantaged—	

Contractor Selection Method (complete for ALL base contracts—N/A to amendments or delegated authorities)			
<input type="checkbox"/> RFP	<input type="checkbox"/> Competitive Negotiation	<input type="checkbox"/> Alternative Competitive Method	
<input type="checkbox"/> Non-Competitive Negotiation	<input type="checkbox"/> Negotiation w/ Government (e.g., ID, GG, GU)	<input type="checkbox"/> Other—	

Procurement Process Summary (complete for selection by Alternative Method, Competitive Negotiation, Non-Competitive Negotiation, OR, Other)
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PROCESSED
 SEP 19 2006
 DIRECTOR OF ACCOUNTS

RECEIVED
 SEP 13 AM 10:28
 COMPTROLLER'S OFFICE
 OFFICE OF
 MANAGEMENT SERVICES

C O N T R A C T S U M M A R Y S H E E T

RFS Number: 345.71-711		Contract Number: FA 04-15746-02	
State Agency: Department of Human Services		Division: DISABILITY DETERMINATION	
Contractor VERSA MANAGEMENT SYSTEMS, INC.		Contractor Identification Number V362989060-02	
		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
TECHNICAL ASSISTANCE			
Contract Begin Date October 01, 2003		Contract End Date September 30, 2006	
Allotment Code 345.71	Cost Center 909	Object Code 082	Fund 11
		<input checked="" type="checkbox"/> on STARS	Grant Code 392
		Subgrant Code N/A	
FY	State Funds	Federal Funds	Total Contract Amount (including ALL amendments)
2004	\$0.00	\$120,000.00	\$120,000.00
2005	\$0.00	\$160,000.00	\$160,000.00
2006	\$0.00	\$160,000.00	\$160,000.00
2007	\$0.00	\$40,000.00	\$40,000.00
Total:		\$0.00	\$480,000.00
CFDA # 96.001		Check the box ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input type="checkbox"/>	
Name: Tom Osborne Address: 400 Deaderick Street Phone: Citizens Plaza Building - 5th Floor Nashville, TN 37248 (615) 313-5367		Is the Contractor a VENDOR? (per OMB A-133) <input checked="" type="checkbox"/>	
		Is the Fiscal Year Funding STRICTLY LIMITED? <input checked="" type="checkbox"/>	
Procuring Agency Budget Officer Approval Signature		Is the Contractor on STARS? <input checked="" type="checkbox"/>	
Jeffrey W. Roberts August 23, 2005		Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/>	
		Is the Contractors Form W-9 Filed with Accounts? <input checked="" type="checkbox"/>	
COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE e	9/30/2005	9/30/2006	
FY: 2004	\$120,000.00	\$0.00	
FY: 2005	\$160,000.00	\$0.00	
FY: 2006	\$40,000.00	\$120,000.00	
FY: 2007		\$40,000.00	
Total:	\$320,000.00	\$160,000.00	

PROCESS

OCT 21 2005

DIRECTOR OF ACCOUNTS

RECEIVED
2005 SEP 26 PM 3:50
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

C O N T R A C T S U M M A R Y S H E E T

RFS Number:	345.71-711	Contract Number:	FA 04-15746-01
State Agency:	Department of Human Services	Division:	DISABILITY DETERMINATION
Contractor		Contractor Identification Number	
VERSA MANAGEMENT SYSTEMS, INC.		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	V362989060-02
Service Description			
TECHNICAL ASSISTANCE			
Contract Begin Date		Contract End Date	
October 01, 2003		September 30, 2005	
Allotment Code	Cost Center	Object Code	Fund
345.71	909	082	11
		<input checked="" type="checkbox"/> on STARS	
		Grant Code	Subgrant Code
		391	N/A
FY	State Funds	Federal Funds	Total Contract Amount (including ALL amendments)
2004	\$0.00	\$120,000.00	\$120,000.00
2005	\$0.00	\$160,000.00	\$160,000.00
2006	\$0.00	\$40,000.00	\$40,000.00
Total:	\$0.00	\$320,000.00	\$320,000.00
CFDA #	96.001		
State Fiscal Contact		Check the box ONLY if the answer is YES:	
Name: Tom Osborne Address: 400 Deaderick Street Phone: Citizens Plaza Building - 5th Floor Nashville, TN 37248 (615) 313-5367		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	<input type="checkbox"/>
		Is the Contractor a VENDOR? (per OMB A-133)	<input checked="" type="checkbox"/>
		Is the Fiscal Year Funding STRICTLY LIMITED?	<input checked="" type="checkbox"/>
Procuring Agency Budget Officer Approval Signature		Is the Contractor on STARS?	<input checked="" type="checkbox"/>
Jeffrey W. Roberts February 24, 2005		Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
		Is the Contractors Form W-9 Filed with Accounts?	<input checked="" type="checkbox"/>
COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →	9/30/2004	9/30/2005	
FY: 2004	\$120,000.00	\$0.00	
FY: 2005	\$40,000.00	\$120,000.00	
FY: 2006		\$40,000.00	
FY:			
FY:			
Total:	\$160,000.00	\$160,000.00	

C O N T R A C T S U M M A R Y S H E E T

RFS Number: 345.71-711		Contract Number: FA 04-15746-01	
State Agency: Department of Human Services		Division: DISABILITY DETERMINATION	
Contractor VERSA MANAGEMENT SYSTEMS INC.		Contractor Identification Number v362989060-03	
		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description			
TECHNICAL ASSISTANCE			
Contract Begin Date October 01, 2003		Contract End Date September 30, 2005	
Allotment Code 345.71	Cost Center 909	Object Code 082	Fund 11
		<input checked="" type="checkbox"/> on STARS	Grant Code 391
		Subgrant Code n/a	
FY	State Funds	Federal Funds	Total Contract Amount (including ALL amendments)
2004	\$0.00	\$120,000.00	\$120,000.00
2005	\$0.00	\$160,000.00	\$160,000.00
2006	\$0.00	\$40,000.00	\$40,000.00
Total:	\$0.00	\$320,000.00	\$320,000.00
CFDA #	93.802		
State Fiscal Contact		Check the box ONLY if the answer is YES:	
Name: Tom Osborne Address: 400 Deaderick Street Phone: Citizens Plaza Building - 5th Floor Nashville, TN 37248 (615) 313-5367		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	<input type="checkbox"/>
		Is the Contractor a VENDOR? (per OMB A-133)	<input checked="" type="checkbox"/>
		Is the Fiscal Year Funding STRICTLY LIMITED?	<input checked="" type="checkbox"/>
Procuring Agency Budget Officer Approval Signature		Is the Contractor on STARS?	<input checked="" type="checkbox"/>
Jeffrey W. Roberts June 8, 2004		Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
		Is the Contractors Form W-9 Filed with Accounts?	<input checked="" type="checkbox"/>
COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →	9/30/2004	9/30/2005	
FY: 2004	\$120,000.00	\$0.00	
FY: 2005	\$40,000.00	\$120,000.00	
FY: 2006		\$40,000.00	
FY:			
FY:			
Total:	\$160,000.00	\$160,000.00	

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CONTRACT SUMMARY SHEET

RFS Number: 345.71-711		Contract Number: FA 04-15746-00	
State Agency: Department of Human Services		Division: DISABILITY DETERMINATION	
Contractor		Contractor Identification Number	
VERSA MANAGEMENT SYSTEMS INC.		<input checked="" type="checkbox"/> V- v362989060-03 <input type="checkbox"/> C-	
Service Description			
TECHNICAL ASSISTANCE			
Contract Begin Date		Contract End Date	
October 01, 2003		September 30, 2004	
Allotment Code	Cost Center	Object Code	Fund
345.71	909	082	11
		<input checked="" type="checkbox"/> on STARS	Grant Code
			390
		Subgrant Code	
		n/a	
FY	State Funds	Federal Funds	Total Contract Amount (including ALL amendments)
2004	\$0.00	\$120,000.00	\$120,000.00
2005	\$0.00	\$40,000.00	\$40,000.00
Total:	\$0.00	\$160,000.00	\$160,000.00
CFDA #	96.001		
State Fiscal Contact		Check the box ONLY if the answer is YES:	
		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	<input type="checkbox"/>
		Is the Contractor a VENDOR? (per OMB A-133)	<input checked="" type="checkbox"/>
		Is the Fiscal Year Funding STRICTLY LIMITED?	<input checked="" type="checkbox"/>
		Is the Contractor on STARS?	<input checked="" type="checkbox"/>
		Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
		Is the Contractors Form W-9 Filed with Accounts?	<input checked="" type="checkbox"/>
Procuring Agency Budget Officer Approval Signature			
Jeffrey W. Roberts August 10, 2004			
COMPLETE FOR ALL AMENDMENTS (only)		Funding Certification	
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →			
FY:			
FY:			
FY:			
FY:			
FY:			
FY:			
Total:	\$0.00	\$0.00	

CONTRACT SUMMARY SHEET

RFS Number: 345.71-711		Contract Number: FA 04-15746-00	
State Agency: Department of Human Services		Division: DISABILITY DETERMINATION	
Contractor VERSA MANAGEMENT SYSTEMS INC.		Contractor Identification Number v362989060-03 <i>03.12.2003 changed to suffix 02</i>	
Service Description			
TECHNICAL ASSISTANCE			
Contract Begin Date October 01, 2003		Contract End Date September 30, 2004	
Allotment Code 345.71	Cost Center 909	Object Code 082	Fund 11
		<input checked="" type="checkbox"/> V-	Grant on STARS
		<input type="checkbox"/> C-	Grant Code 390
		Subgrant Code n/a	
FY	State Funds	Federal Funds	Total Contract Amount (including ALL amendments)
2004	\$0.00	\$120,000.00	\$120,000.00
2005	\$0.00	\$40,000.00	\$40,000.00
Total:	\$0.00	\$160,000.00	\$160,000.00
CFDA # 93.802		Check the box ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input type="checkbox"/>	
Name: Tom Osborne Address: 400 Deaderick Street Phone: Citizens Plaza Building - 5th Floor Nashville, TN 37248 (615) 313-5367		Is the Contractor a VENDOR? (per OMB A-133) <input checked="" type="checkbox"/>	
		Is the Fiscal Year Funding STRICTLY LIMITED? <input checked="" type="checkbox"/>	
Procuring Agency Budget Officer Approval Signature		Is the Contractor on STARS? <input checked="" type="checkbox"/>	
Jeffrey W. Roberts September 29, 2003		Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/>	
		Is the Contractors Form W-9 Filed with Accounts? <input checked="" type="checkbox"/>	
COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →			
FY:			
FY:			
FY:			
FY:			
FY:			
Total:	\$0.00	\$0.00	

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